

Western MRS Meeting Notes  
January 24, 2007  
AB Tech Enka Campus

Counties Present: Buncombe, Catawba, Haywood, Iredell, Jackson, McDowell, Polk, Rutherford, Swain, Transylvania

Introductions

News from Raleigh

Evaluation Update

    Data on Findings

    CFT Feedback Survey

Report on National Differential Response Conference

Moving Forward

News from Raleigh

- Work for the 2007 Federal Review continues.
  - Mecklenburg, Nash, and Catawba are the three counties that will be reviewed.
  - We have given the Feds the self assessment.
- Are in the final stages of updating Chapter 8. Should be ready around the end of the month.
  - Significant overhaul – have rolled in admin letters and MRS manual.
  - Will be put on web as soon as hard copy is released to counties. The web version will include hyperlinks to other policy, legislation, etc. that may be referenced.
- MRS Learning Institute – will be in Asheville this year in August 27-29<sup>th</sup>. (Spread out in each region over the state over 3 years.)

Evaluation Update

- Central Registry statistics are now on the web for SFY 2006-2007.
- The experience report will be on line by end of week if not already.
- MRS should be available on DataWarehouse within approximately 2 months
- CFT Feedback form – there is a feedback form that is used with System of Care that we are talking about tweaking and using for MRS CFTs.
  - Holly asked who was currently using some kind of feedback forms.

Report on Differential Response Conference

In November Holly, Nicole, Sara, folks from AFI, Catawba, and Guilford were able to attend this conference.

- First national differential conference.
- 15 states using differential response. (Feds define Differential Response as a way to take accepted CPS reports and offer services where no maltreatment is identified. They found out that several states that thought they were doing Differential Response were actually not. Those states were taking follow up action with the screened out reports which is not Differential Response.)
- Arizona, Texas, and Delaware tried Differential Response and have gone back.
- Florida tried it, stopped, and is doing it again.

- Holly has information about which specific states are doing what specific aspects of Differential Response.
- Some states do not allow family assessments if there are any children under the age of 5.
- Some allow family assessments in foster home reports.
- Minnesota is doing 57.5% of their reports as family assessments.

Culture Shock – must change the culture of dealing with families.

- Heard from everyone there, that in order to make this work there must be a true shift in practice and philosophy not only from the DSS but from the community as well.
  - Must invest in training that is ongoing to sustain this change.
  - Reframing relationships – how the state works with private, county, and community organizations, how the county works with their community agencies, and how counties and community agencies work with counties.
  - All relationships must be about respect, integrity, and being genuine.
- Massachusetts – planning to start on 2010 - shared they have found that:
  - People have more confidence and comfort to journey to the future when they carry forward parts of the past, but those parts of the past we carry should be the best parts.
  - Must have a willingness to take risks!
- Lessons Learned from Other States
  - Child Protection is not a job for DSS alone, requires the community to put forth a coordinated effort (System of Care). DSS may need to be the leaders but can't go it alone.
  - The best way to rescue a child is to rescue the family of that child.
  - Avoid benign neglect of the process and have regular meetings to discuss issues (like these monthly meetings)
  - Evaluation data was able to say that families liked the multiple response approach better.
  - Information sharing is imperative. If we are going to ask communities to join us in keeping children safe, we need to be able to give them some information.
  - Plan works best when developed with families, DSS, and community partners. Not just the case plan, but overarching plans.
  - Continue to talk to staff about the shift in philosophy and what is expected of them.

Results from Minnesota:

- Able to say that the safety of children was improved since the start of Differential Response.
- Removals and maltreatment were reduced. Could show this with data. (NC can say it has not gotten worse, but we can't show it has improved.)
- Also, removals, repeat maltreatment, and long term costs to the agencies were reduced (over 6 years since it started).
- The single most critical thing was to change how they thought about families.
- The process and results need to be shared continuously.
- Want to think about is where are we going in MRS and what else can we do.

- Looking at screened out reports. Other states said that 40% of those families had a previous CPS report, so they are not so different from families that are screened in.
- Families are 75% more likely to accept other community services when the CPS worker and the community provider make the initial home visit together.
- CPS does not need to be the first (or only) option. One state has a county that is training their community not to think of DSS first. Getting trained on what is available in the community and how to make those referrals.
- Things we think about – how do we sustain what we have already gained and how to we build on it?
- Question – do people have confidentiality issues?
  - There was a Dear County Director letter sent out sometime in Summer of 2006 that addresses information sharing confidentiality issues between agencies.
  - The CFT program in the schools and System of Care is working to educate people, not just schools, but a concentration of people from the educational system, that they must be honest with families. Can't just report stuff to DSS and let them be the bad guy while they don't get involved.
  - Cleveland offered facilitator training for their staff and invited the school system people too, and they responded very positively to this. (Obviously everyone can't do this, but it worked well for them.)

### Moving Forward

In November Holly had asked people to report out like we used to do.

Based on those results Holly read some statements and had folks rate their county based on how well they are you doing. Then we can figure out how to move forward. Made one side of the room "1" and the other "10"

#### 1. Always discuss the assessment process with the family.

Majority of group clustered in the middle, some higher at 8 or 9. Folks in the middle would like workers to buy in more to calling families first. Buncombe is about a 9 and they have a brochure, and they include information about documenting this conversation with their narrative so workers know it is an expectation. Those without brochures would like to have one and asked for copies from those counties that do.

#### 2. You consistently talk with WF about CPS cases also open with WF.

One county was low, but most people rated themselves higher on this. Several counties felt that because they were small it was easier for them to communicate well. Catawba is not small, but it is just a part of their process for the CPS social worker to look in the system and see if a family is there. Some of the counties in the middle have some CPS workers that have relationships with WF workers and those do a good job, but workers without personal relationships do not. The two groups are physically separated on different floors, but they are making organizational changes to bring the groups closer together.

Most WF families have had some CPS history, but not all CPS families have had WF.

3. How are your workers doing with partnering with the family on the risk assessment and the strengths and needs assessment?

Several counties rated themselves as low. Either workers do them on their own without the family or they go the other route and take the family at 100% face value and don't follow up on what they say. Think it takes too long to do it with the family.

Those that are doing it well may do it before the CFT when everyone is there anyway. Couple of counties doing it well, couple of others in the middle.

4. How many workers discuss the CFT at the first visit?

Most people felt this was an area that could use improvement. Suggestion to have a brochure to hand out to all families because it doesn't hurt to share the information with everyone. Policy does not say you must talk about it this early, but its best practice.

Ros says with a lot of cases she reviews the only people at the CFTs are the worker and the parent. To maximize the usefulness of these meetings, mentioning them earlier and suggesting to the families some of the people that they might want to invite may help the family think of folks. For example: when mom mentions that her neighbor takes her to the store, say "It sounds like she is a support to you, would she be someone that you would like at the CFT?"

5. Use family ideas on the case plan.

No one really high or low, all clustered from 4-8. Higher counties said they aren't perfect, but pretty good. Sometimes smaller counties are more likely to listen to families ideas that are really outside the box because there are not many resources in those counties.

6. Case Plan is completed during the CFT.

Everyone middle to high. One county supervisor said that she would not sign it if it was typed because she knew that they had not done it at the CFT. They do let the SW fill out the demographic information so that they are not sitting there doing paperwork for 15 minutes with the family starting at them. Much easier with a facilitator.

7. Activities on the case plan for other people besides DSS and family to do (grandma, IFPS, community partners).

Doing ok here.

8. Shared Parenting meetings with 7 days.

Overall not very well within 7 days sometimes the foster parents are not ready to meet during this time frame. Newer foster parents that have been trained with the idea of Shared Parenting often willing to meet the day custody is taken. Catawba tries to do it within 7 hours.

Holly shared that Nash counties does it before the child even goes into the Foster Home. If it is not possible for the 2 sets of parents to meet, at least information is shared with each set of parents before custody is taken.

9. More than just the one Shared Parenting meetings.

No one moved from their previous location, only one required by policy. Need to flesh out Foster Care and Shared Parenting

10. Law Enforcement making a joint visit in abuse cases.

Middle to high.

Some have a co-located police officer. Some have a relationship where they will do interviews for law enforcement even when there is no DSS involvement so they reciprocate and are willing to go out with DSS when needed. Someone said the best class they went to in the Institute was the class on this. Helps to have one or two people that are always the ones that work with each other so both DSS and Law Enforcement know who they will be dealing with.

Not an issue for after hours or really serious allegation from hospital. One county DA does not want Law Enforcement to go because it could compromise the prosecution in the future. If it's a sex abuse case, Law Enforcement will wait until the child gets to the Child Advocacy Center (fine if the perp is not in the home, but if they are in the home, you can't wait).

11. Children are interviewed one time.

This area was covered in the above discussion and people stayed in the same place.

12. Always offer the opportunity for the families to be present at professional collaterals.

Most people clustered in the middle.

There is a place on county forms where the social worker can check "did the family want to be present at collaterals" and the social workers check no, but the supervisor doesn't know how the discussion was presented. Counties that have been doing it longer tended to rate themselves higher on this issue.

The problem is often with the collaterals that do not want to share their issues with the family. They want to tell the social workers in private and have the social worker be the 'bad guy' – hard to change their view on this that we won't do this anymore. If they are scared, or don't know how to share in a constructive way, we can help them learn how to do that because that is what social workers do.

Future Meetings –

Western – February 20<sup>th</sup> here (AB Tech, Enka Campus) Room 128 downstairs

April – April 24<sup>th</sup> here

Agenda suggestion – would like to discuss the central registry stats and findings different across counties.